

WEST HAVEN HEALTH DEPARTMENT



P.O. Box 312
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**APPLICATION FOR
TEMPORARY FOOD EVENT FOOD BOOTH**

Name of event: _____

Date(s) and time(s) of event: _____

Location of event: _____

Name of sponsor/organizing agency: _____

Anticipated number of persons attending event per day: _____

Person responsible for the operation of the temporary food service:

Name: _____

Street: _____

City: _____

State: _____ Zip: _____ Phone: _____

Phone 2: _____

Signature* _____ Date: _____

Is this a not-for-profit organization? No Yes

State tax number _____

*Sec. 53a-175 False Statement: Class A Misdemeanor: (A) A person is guilty of a false statement when he intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and which statement is intended to mislead a public servant in the performance of his official function. (B) False Statement a Class A Misdemeanor. The penalty for a Class A Misdemeanor is imprisonment for a term not to exceed one year, or a fine not to exceed \$1,000 or both. (Sections 53a-28(b), and 53a-36, and 53a-42.

1. Complete the attached **TEMPORARY FOOD SERVICE MENU INFORMATION** form for all food items being served. Include condiments, drinks, water, ice, etc.

2. Where will food be prepared or stored prior to the event?

Name of establishment: _____

Address: _____

How will it be delivered?: _____

When will it be delivered?: _____

3. How will potentially hazardous foods be kept cold (below 45 deg)? _____

4. How will potentially hazardous foods be kept hot (above 140 degrees)? _____

5. Describe hand-washing facility inside booth:

6. How will equipment, utensils be washed and sanitized? _____

7. Qualified Food Operator (QFO) _____

BOOTH LAYOUT

Please draw a sketch of the proposed food booth. Indicate the placement of all major pieces of equipment including work surfaces, serving area, refrigeration, freezers, hot holding devices, cold holding equipment, cooking equipment, hand-washing station, utensil washing facility, dry storage provisions, and/or any other equipment that you intend to use in the food booth. Specify flooring, roof, sides (type, placement).



FRONT OF BOOTH – CUSTOMER AREA